



Permit # _____

**INDIVIDUAL SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION**Schedule inspection by 3:00 P.M. day prior
(303) 621-3140

Property Owner _____ Phone _____ Date _____

Mailing Address _____
Street / PO Box _____ City _____ State _____ Zip _____

Address of Property _____

Subdivision _____ Intended Use _____ Number of Bedrooms _____

Septic Installer _____ Lic # _____ Installer's Phone # _____

Parcel ID _____ Tax Dist _____ BOCC _____ Fire _____ School _____

Subdiv Code _____ Sec _____ Twn _____ Rng _____ #Acres _____ Zone _____

The undersigned applicant requests authority to construct / alter / repair an individual sewage disposal system and is fully aware of the ELBERT COUNTY RULES AND REGULATIONS.

NOTE: All individual sewage disposal systems MUST BE INSTALLED BY A SYSTEMS CONTACTOR LICENSED WITH ELBERT COUNTY. A PERCOLATION TEST made by a REGISTERED ENGINEER IS REQUIRED for all new systems. An inspection is to be made and approved by the building department **before** the field or tank is covered.

DATE APPROVED: MONTH _____ DAY _____ YEAR _____
EXPIRATION DATE: MONTH _____ DAY _____ YEAR _____

APPLICANT: Upon signing this application you agree to construct according to REGULATION I-88 as adopted by ELBERT COUNTY.

REQUIREMENTS

Registered Engineer Name : _____

Engineer Phone # _____

Report # _____

Avg. Minutes Per Inch: _____

Permit is for:

_____ New Installation \$250

_____ Tank Repair \$100

_____ Field Repair \$150

SqFt Per Bedroom: _____

Tank Material: _____

Min Sep Tank Size: _____

Min Field Size: _____

As-Built-Map required at time of inspection**X** _____

ELBERT COUNTY BUILDING INSPECTOR

APPLICANT SIGNATURE**INSPECTION RECORD**Field Size _____ Tank Size _____ As-Built-Map _____
Date Approved: Month _____ Day _____ Year _____

ELBERT COUNTY BUILDING INSPECTOR